

Name
in
Full

No Name - J. Benton

CERTIFICATE OF DEATH

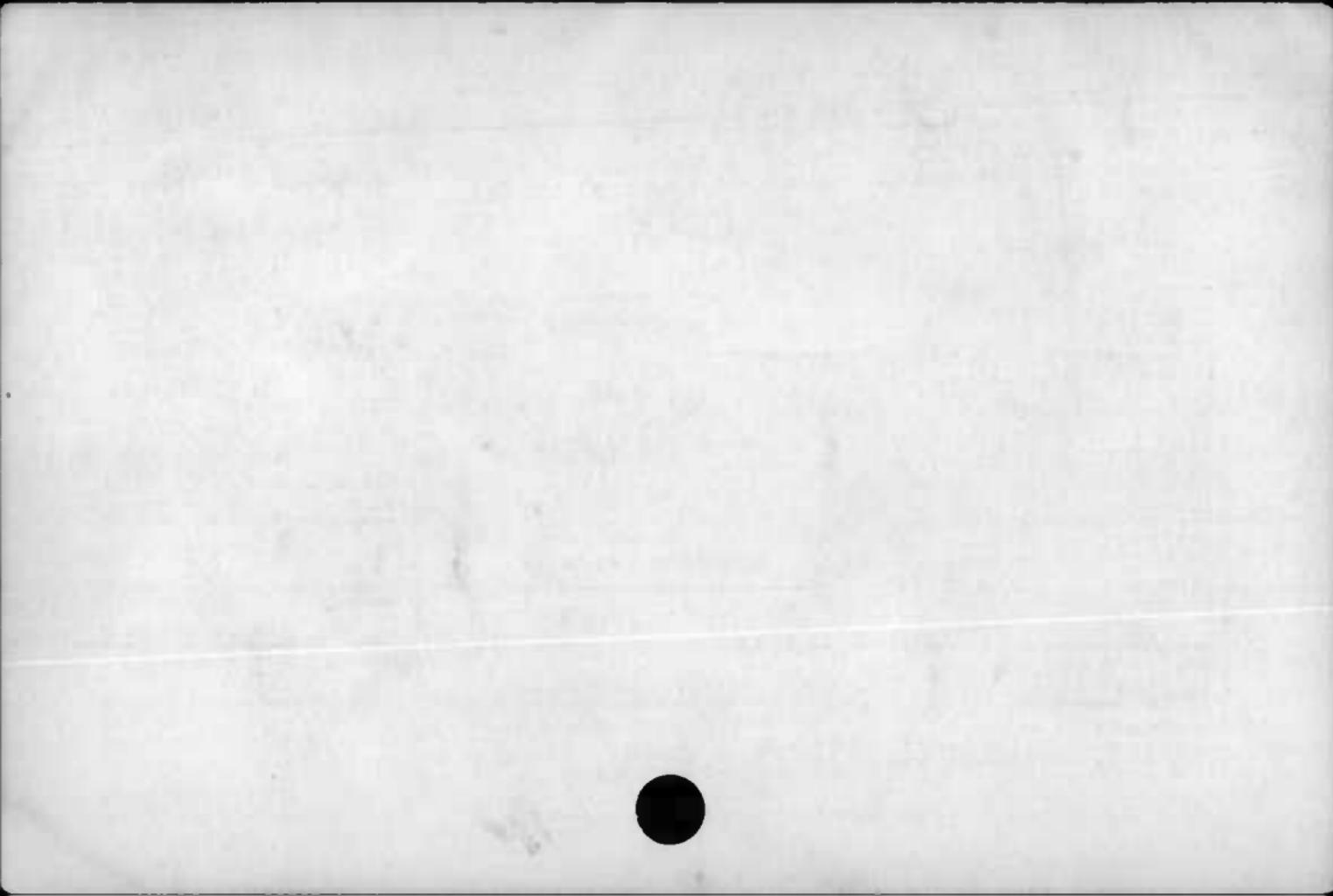
To BE ANSWERED BY
NEAREST FRIEND

Died at	Own	County	MARYLAND
Date of death	Month	Day	Years
Age	Months	Days	
Sex	Color of Race	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Johnnny Benton		
Mother's Maiden Name	Aurie Harris		
Name of person giving information	Tom Horner		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hydrocephalus (probably)	
Immediate	Dead sometime before birth	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
Yes -	Address	
Accident or Suicide?		



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at

Town

Crisfield

County

Bradshaw
Somerset

MARYLAND

Date
of death

1907

Month

Meh

Day

24

Years

4

Months

Days

Days

Sex

Male

Color or
Race

White

Birth-
place

Crisfield Md.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Child

Name of Wife or
Husband

12345

Father's
Name

William G Bradshaw

Father's
Birthplace

Crisfield

Mother's
Maiden Name

Hattie Sterling

Mother's
Birthplace

Crisfield

Name of person giving
Information

William G Bradshaw

How related
to deceased

Hattie

CAUSES OF DEATH

93

Primary

Pneumonia

How long

10 days

Immediate

Cerebrospinal Meningitis

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

68 Collins

Crisfield
Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

William James Luther Burleigh

CERTIFICATE OF DEATH

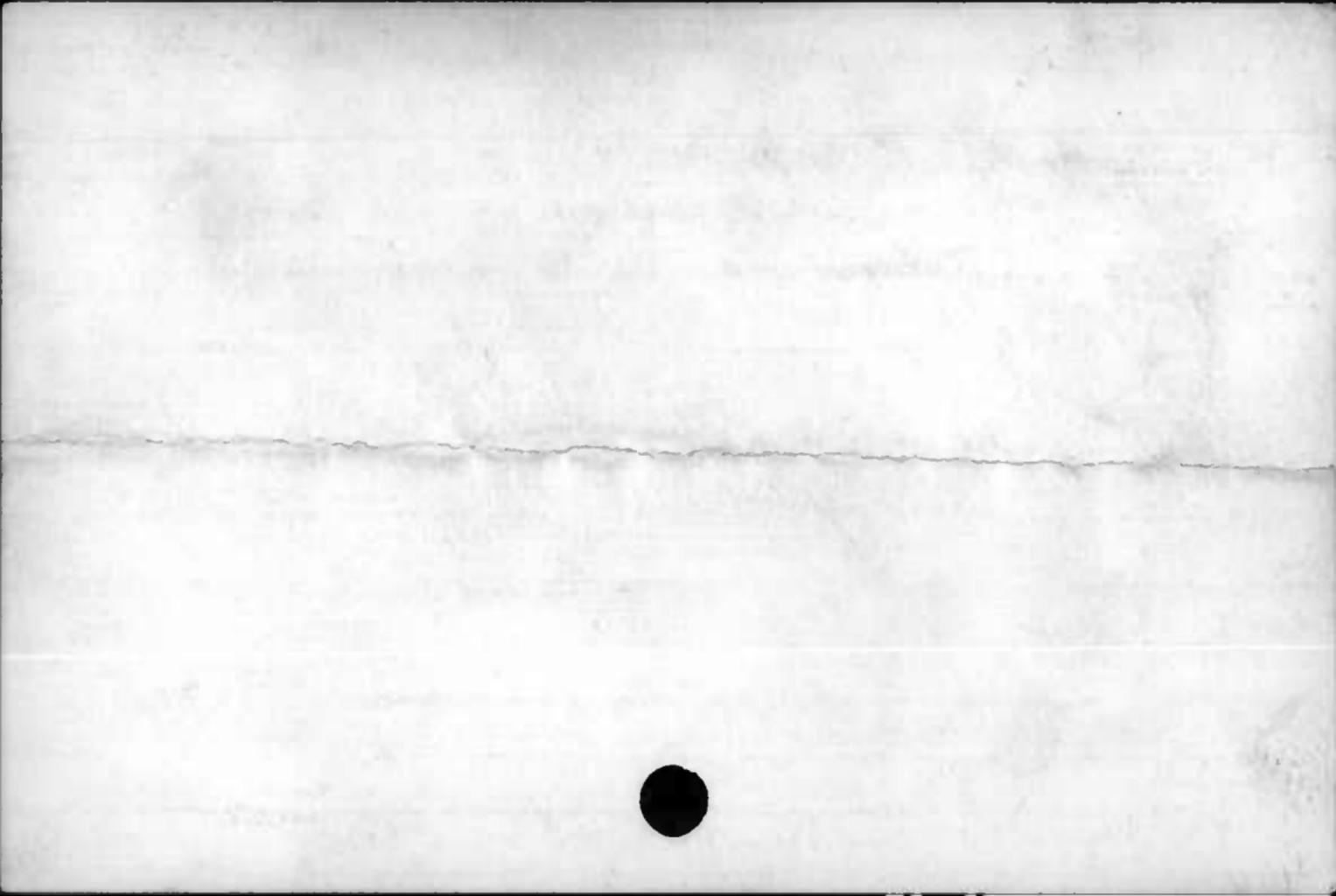
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birthplace		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace			
Father's Name	Mother's Birthplace				
Mother's Maiden Name	How related to deceased				
Name of person giving information	Witness				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	71	How long
Immediate	71	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address
yes	Henry M. Lachford M.D.	Mayes Avenue Ned
Accident or Suicide?	No	



Name
in
Full

Thomas James Cooke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth place		
Occupation	Where Residing If not at place of death		Lawsonia		
Married, Single or Widowed	Name of Wife or Husband	None	Lawsonia		
Father's Name	John Cooke		Lawsonia		
Mother's Maiden Name	Nora Connor		Lawsonia		
Name of person giving information	John Cooke		Lawsonia		

CAUSES OF DEATH

19

How long

How long

PHYSICIAN
OR CORONER

Laryngeal Diphtheria

2 days

Immediate

Dyspnea & asthenia

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Wm. Coulbourn,
Crisfield, Md.

Accident or Suicide?

Neither



Name
in
Full

James Lawrence Cullen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 1907	Month mar	Day 9	Years 17	Months 3	Days 12	
Sex male	Color or Race white		Birth-place Lawsonia Md			
Occupation Engineer, shirt factory	Where Residing if not at place of death Lawsonia					
Married, Single or Widowed Single	Name of Wife or Husband none					
Father's Name Josiah S Cullen			Father's Birthplace Lawsonia Md			
Mother's Maiden Name Clara L. Lawson			Mother's Birthplace Lawsonia Md			
Name of person giving information Josiah S Cullen			How related to deceased Father			

CAUSES OF DEATH

(61)

PHYSICIAN
OR CORONER

Primary

Cerebro-Spinal Meningitis

How long

2 days

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yu

Signature of Physician

Address

W F Hall
Grovesdale Md

Accident or Suicide? no



Name
in
Full

Jno W Cottman

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

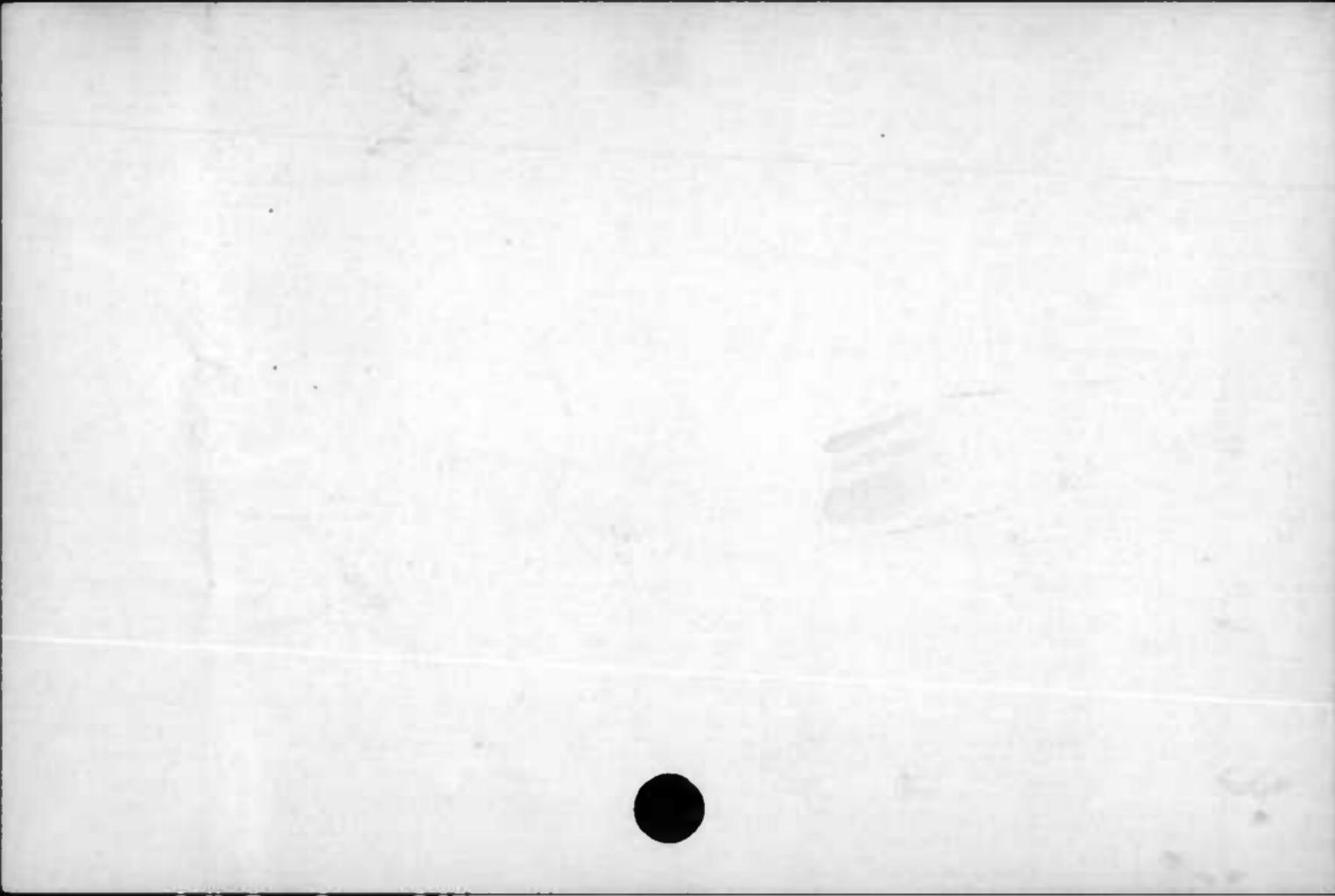
Died at	Town		County		MARYLAND	
Date of death	1907	Month Mch	Day 1	Years 30	Months 11	Days 5
Sex	Male	Color or Race	Colored	Birth-place	Somerset Co	
Occupation	Laborer			Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband	none	Father's Birthplace	Somerset Co	
Father's Name	Jeffrey Cottman			Mother's Birthplace	Somerset Co	
Mother's Maiden Name	Sallie Jones			How related to deceased	Brother	
Name of person giving information	Wheatley Cottman			How long	4 weeks	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis & Pneumonia		
Immediate	Heart Failure		
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Dr Jno Allen
		Address	Marion St Maryland
Accident or Suicide?			



Name

In
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Samuel Louis Beelie

CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1907	March	21	15	6		
Sex	male	Color or Race	Black	Birth-place	Maryland	
Occupation	Labour		Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband		Father's Birthplace	MD.	
Father's Name	Riley Curtis			Mother's Birthplace	MD	
Mother's Maiden Name	Cafoline Duffy			How related to deceased	Father	
Name of person giving information	Riley Curtis					

CAUSES OF DEATH

179

Primary	Acute Inflammatory Rheumatism followed by general endocrinitis, this succeeded by pulmonary tuberculosis	How long
Immediate	Several Attacks of Heart failure	How long

Are the name, age, sex, color, date and place correctly given above?

yes

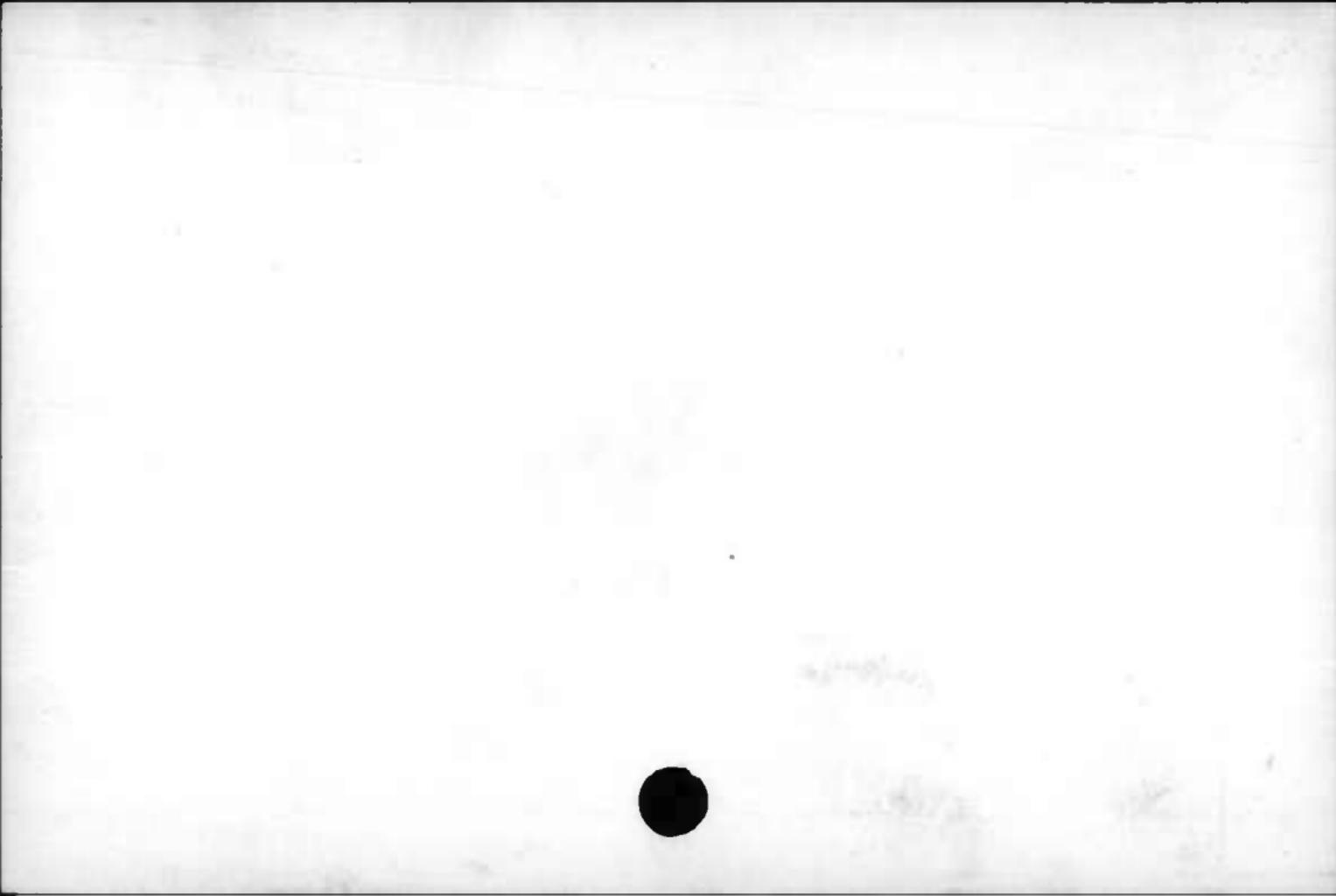
Signature of Physician

Clara T. Fisher, MD

Address

Princeps Lane, MD

Accident or Suicide?



Name
in
Full

Deziah Dutton

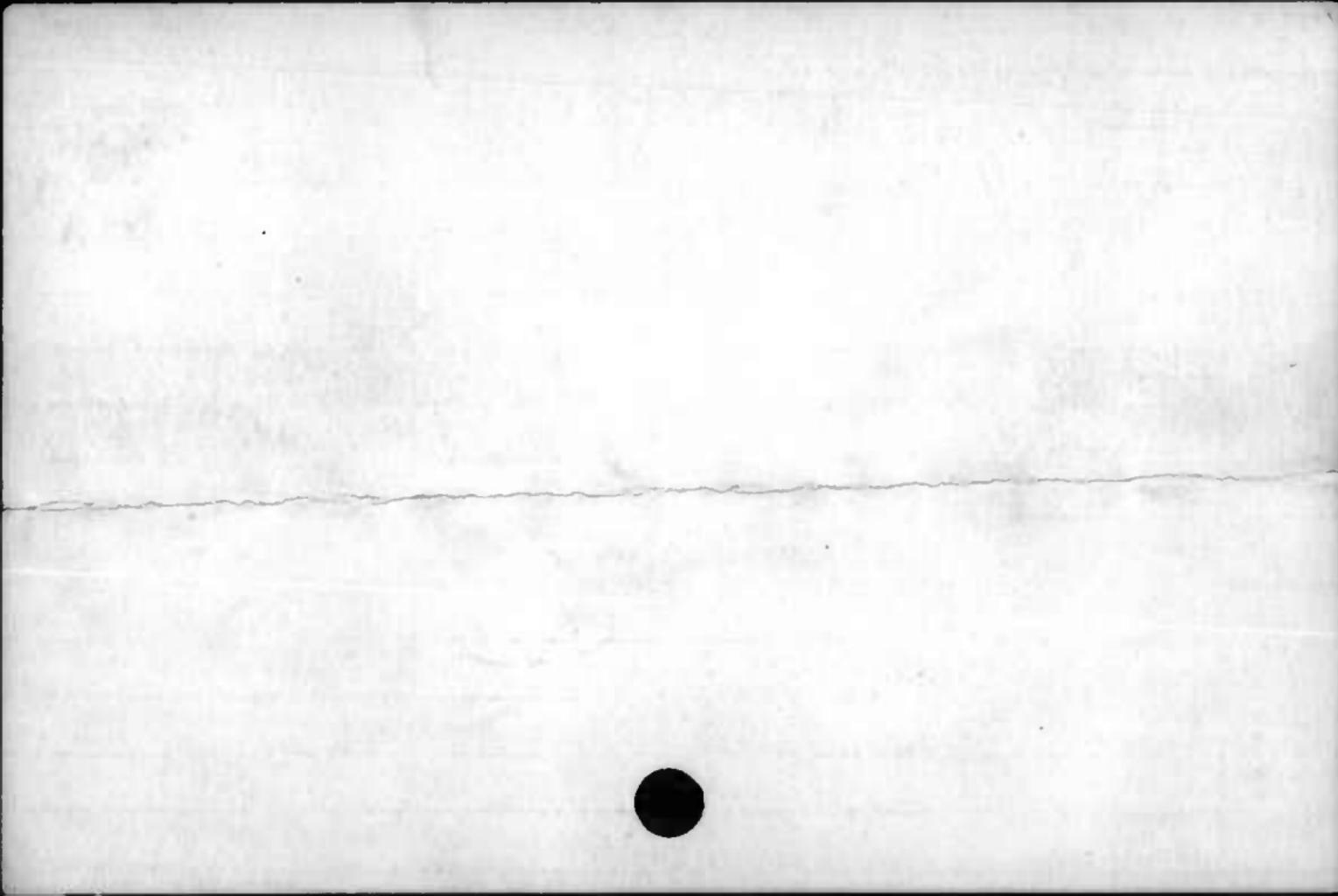
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County			
1907	Month	Day	75	Years	Months	Days
Sex	Female	Color or Race	Colored	Birth-place	Maryland	
Occupation	Housewife		Where Residing if not at place of death	✓		
Married, Single or Widowed	Married	Name of Wife or Husband	George A. Dutton	Father's Birthplace	Unknown	
Father's Name	Unknown		✓	Mother's Birthplace	Unknown	
Mother's Maiden Name	Unknown		✓	How related to deceased	Not related	
Name of person giving Information	Wm A. Hubbard		✓			

CAUSES OF DEATH

Primary	Old age	154	How long
Immediate	Asthma	✓	1 week
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Frederick M. Lambford M.D.
		Address	Princess Anne Md.
Accident or Suicide?			



Name

in
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <i>Chamblee</i>		Town	County <i>Somerset</i>		CERTIFICATE OF DEATH	
Date of death <i>1907</i>	Month <i>March</i>	Day <i>16</i>	Age	Years	Months	Days
Sex <i>Male</i>	Color or Race	<i>white</i>		Birth-place	<i>Maryland</i>	
Occupation <i>none</i>	Where Residing if not at place of death <i>Chamblee Md.</i>					
Married, Single or Widowed <i>-</i>	Name of Wife or Husband <i>-</i>		Father's Name <i>Richard B. F. Dennis</i>	Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name <i>Tressie G. Jones</i>			Mother's Name <i>Tressie G. Dennis</i>	Mother's Birthplace	<i>Maryland</i>	
Name of person giving Information <i>Tressie G. Dennis</i>			How related to deceased <i>Mother</i>			

CAUSES OF DEATH

⑨

How long

2 days

How long

Primary

lips during
cathartes

Immediate

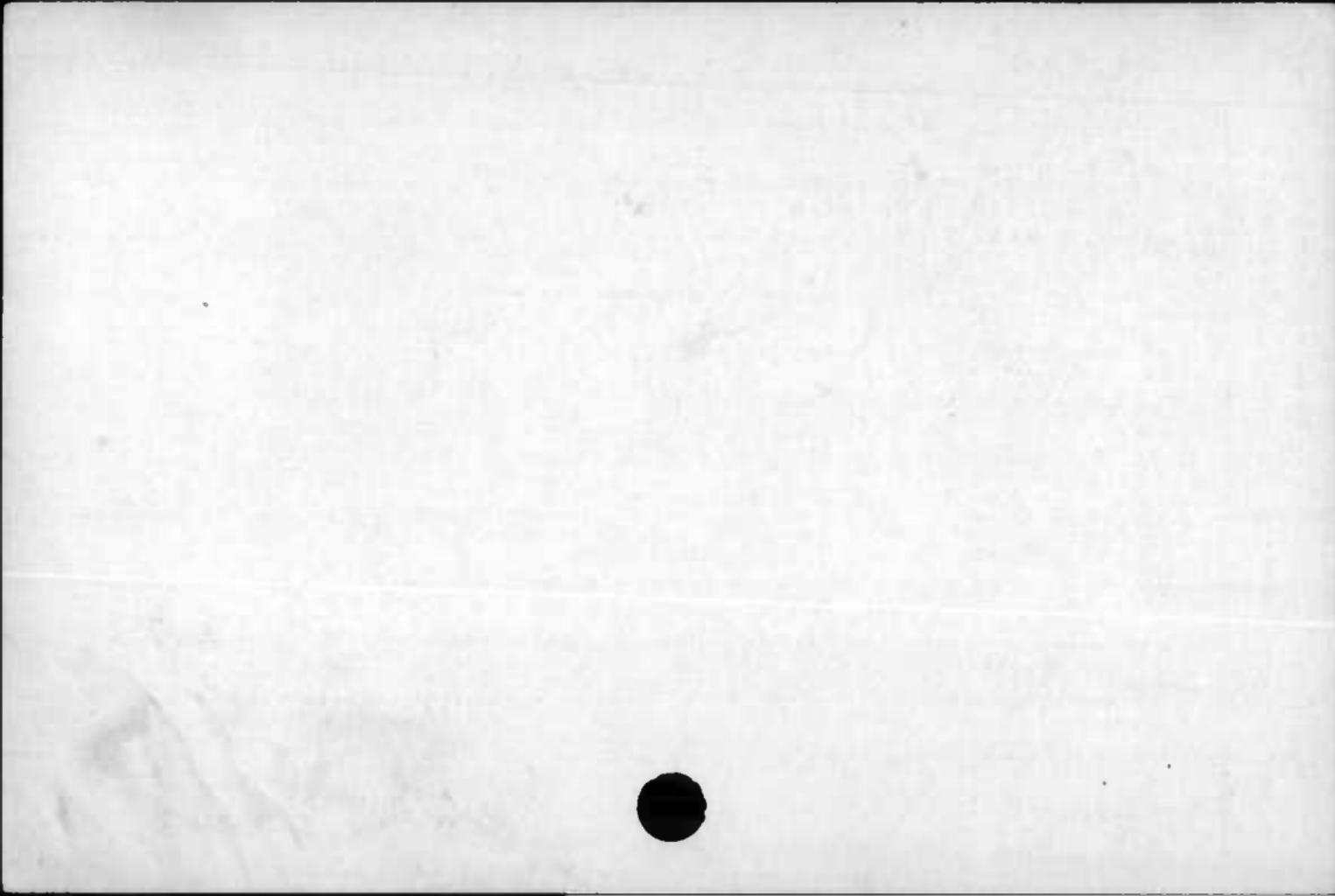
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

S. J. Wadsworth
James Leek
Dome

Accident or Suicide?



Name
in
Full

Hester Hale

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

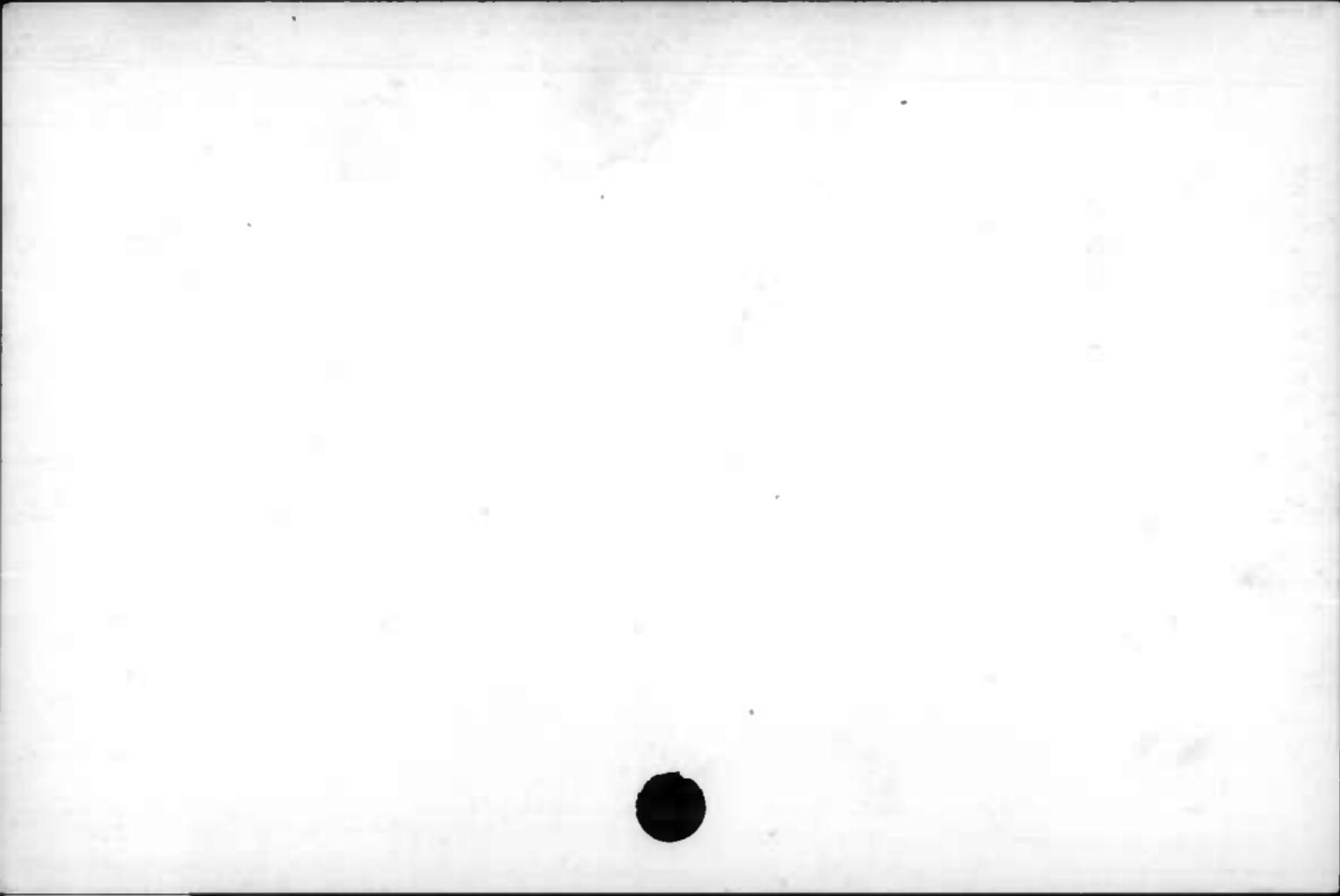
Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Geo. Hale		
Father's Name	Anthony			
Mother's Maiden Name	Unknown			
Name of person giving information	John H. Jones			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Bright's Disease	
Immediate	asthma	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?	no	J. J. Winder, M.D. Somerset Co., Md.



Name
in
Full

Daniel Sody

122

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

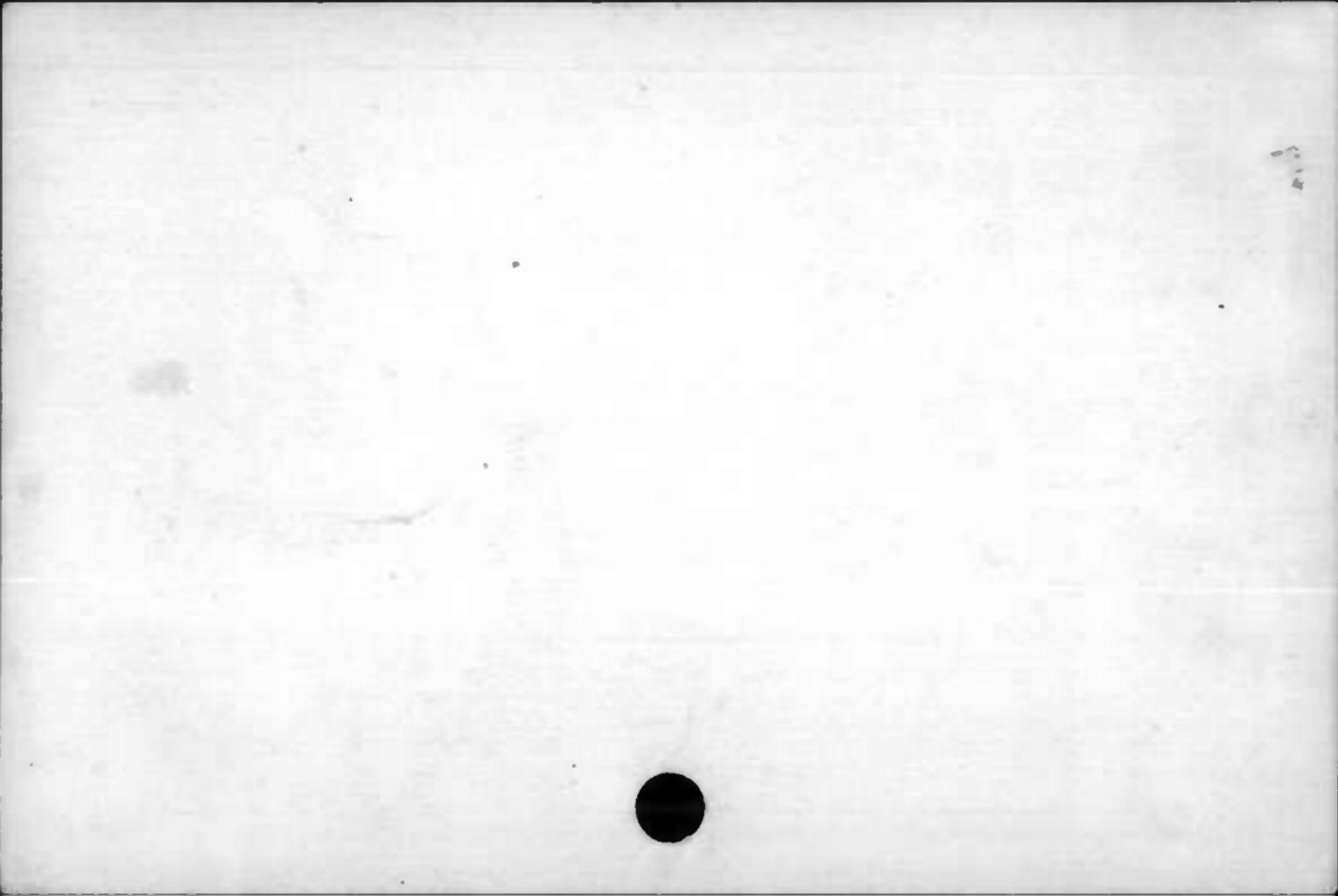
Died at <u>Revelles N.Y.</u>		Town	County	MARYLAND	
Date of death <u>1907</u>	Month <u>March</u>	Day <u>13</u>	Years <u>Age (?) About 75</u>	Months	Days
Sex <u>male</u>	Color or Race <u>Black</u>	Birth-place <u>md.</u>			
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Leah Sody</u>				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Leah Sody</u>	Leah Sody			
Father's Name <u>Hudson</u>	Father's Birthplace <u>—</u>				
Mother's Maiden Name <u>Hudson</u>	Mother's Birthplace <u>—</u>				
Name of person giving information <u>Wm. H. Haudy</u>	How related to deceased <u>Son-in-law</u>				

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

Primary <u>Dementia & simple dementia</u>	How long <u>2 yrs.</u>
Immediate <u>Chronic Bronchitis</u>	How long <u>6 or 8 months</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Leah S. Fisher, M.D.</u>
	Address <u>Princess Anne, Md</u>
Accident or Suicide? <u>V</u>	



Name
in
Full

Margaret Anne Standy.

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at <u>Year</u> <u>Month</u> <u>Day</u>		County <u>Somerset-</u>	MARYLAND	
Date of death <u>1907</u>	Month <u>Feb</u>	Day <u>11</u>	Years <u>49</u>	Months <u></u> Days <u></u>
Sex <u>Female</u>	Color or Race <u>Brown</u>	Birthplace <u>Ind</u>		
Occupation <u>Housework</u>	Where Residing if not at place of death <u>I don't know</u>			
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband			
Father's Name <u>Joseph Shilling</u>	Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>Jane Bolland</u>	Mother's Birthplace <u>Ind</u>			
Name of person giving Information <u>Henry Crawford</u>	How related to deceased <u>Son</u>			

CAUSES OF DEATH

179

How long

Several months

How long

PHYSICIAN
OR CORONER

Primary

Don't know (not in attendance)

Immediate

Came home from city sick

Are the name, age, sex, color, date and place correctly given above?

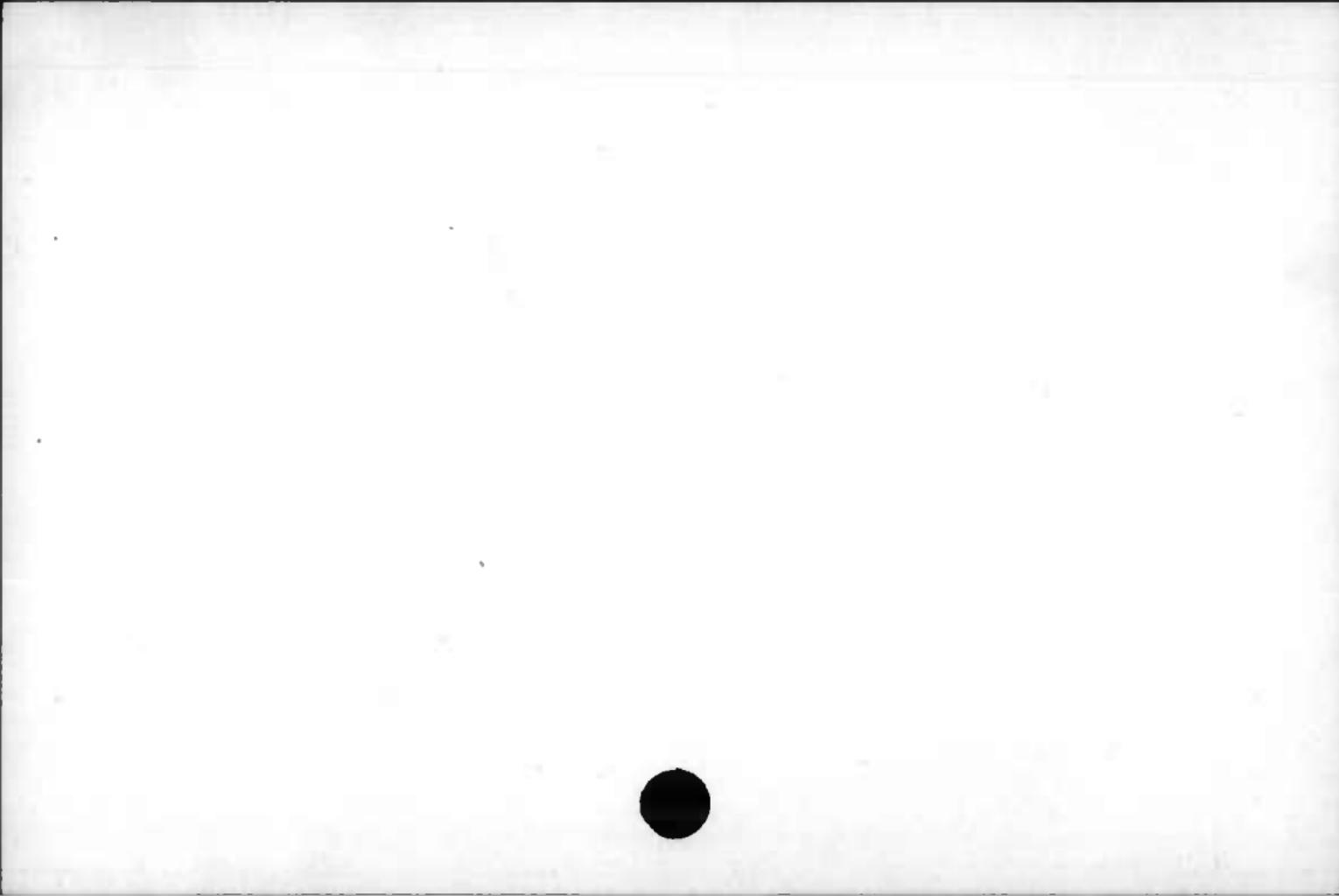
Signature of Physician

Address

D. J. Smith (not in attendance)

Ind

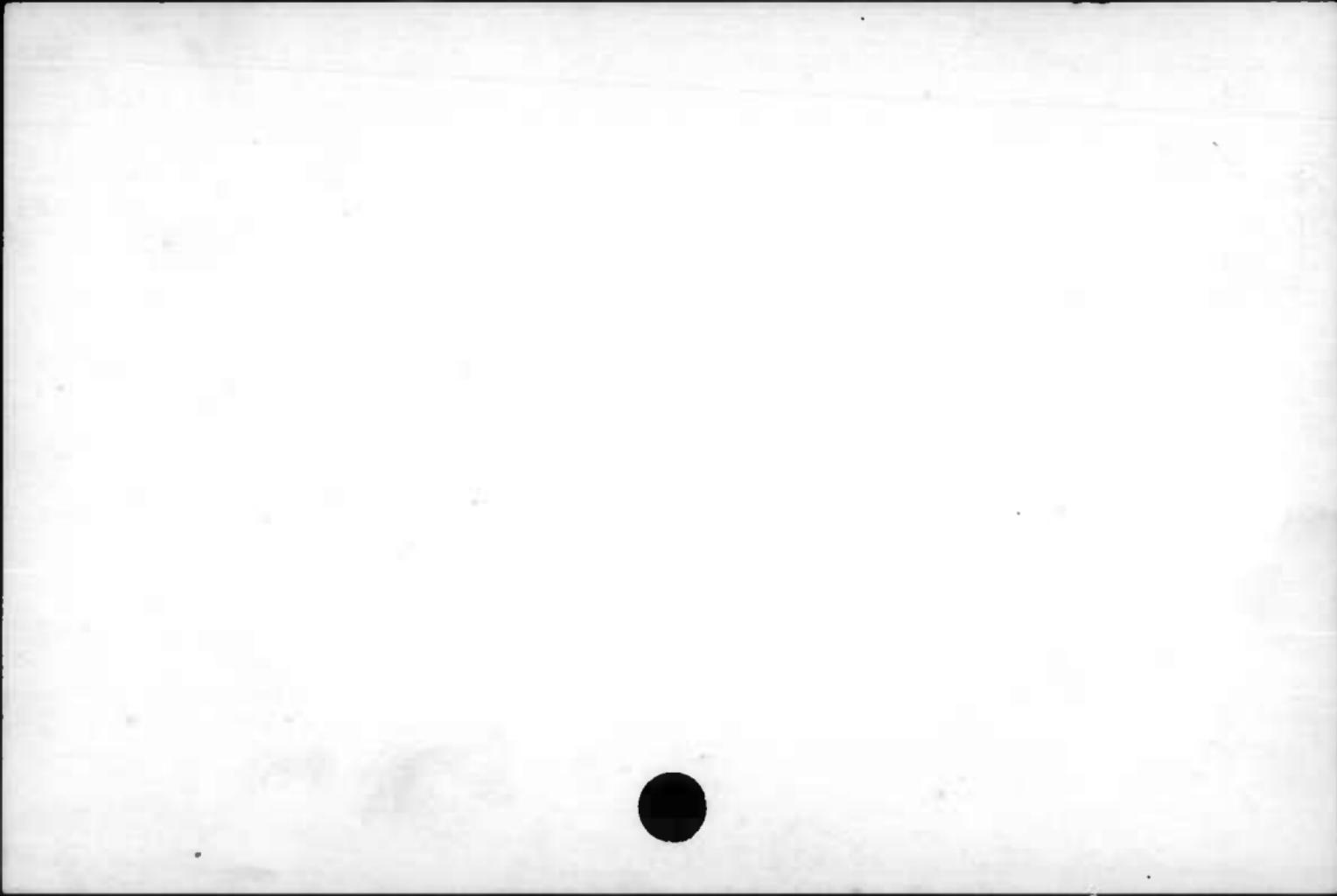
Accident or Suicide?



Ida Horsley

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1901	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Colored.		Birthplace		
Occupation	Housewife	Where Residing if not at place of death					
Married, Single or Widowed	Widow	Name of Wife or Husband					
Father's Name	George Horsley			Father's Birthplace	Somerset.		
Mother's Maiden Name	Mary Redden			Mother's Birthplace	Virginia		
Name of person giving information	John T. Horsley			How related to deceased	Auncle.		
CAUSES OF DEATH							
Primary	Pertussis + Tuberculosis			How long	2 months		
Immediate	Exhaustion			How long			
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	F. W. P. Green		
				Address	Pocomoke City		
Accident or Suicide?							



Name
in
Full

Geo. E. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	190	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age 40		Birth place	
Occupation	Where Residing if not at place of death			3rd		
Married, Single or Widowed	Widower	Name of Wife or Husband	Louise Eliz. Jones		Father's Birthplace	3rd
Father's Name	Geo. E. Jones			Mother's Birthplace		3rd
Mother's Maiden Name	Lucie Price			How related to deceased		Brother
Name of person giving Information	Geo. E. Jones					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis, Consumption

27

8 months

Immediate

Arthremia

4 hours

Are the name, age, sex, color, date and place correctly given above?

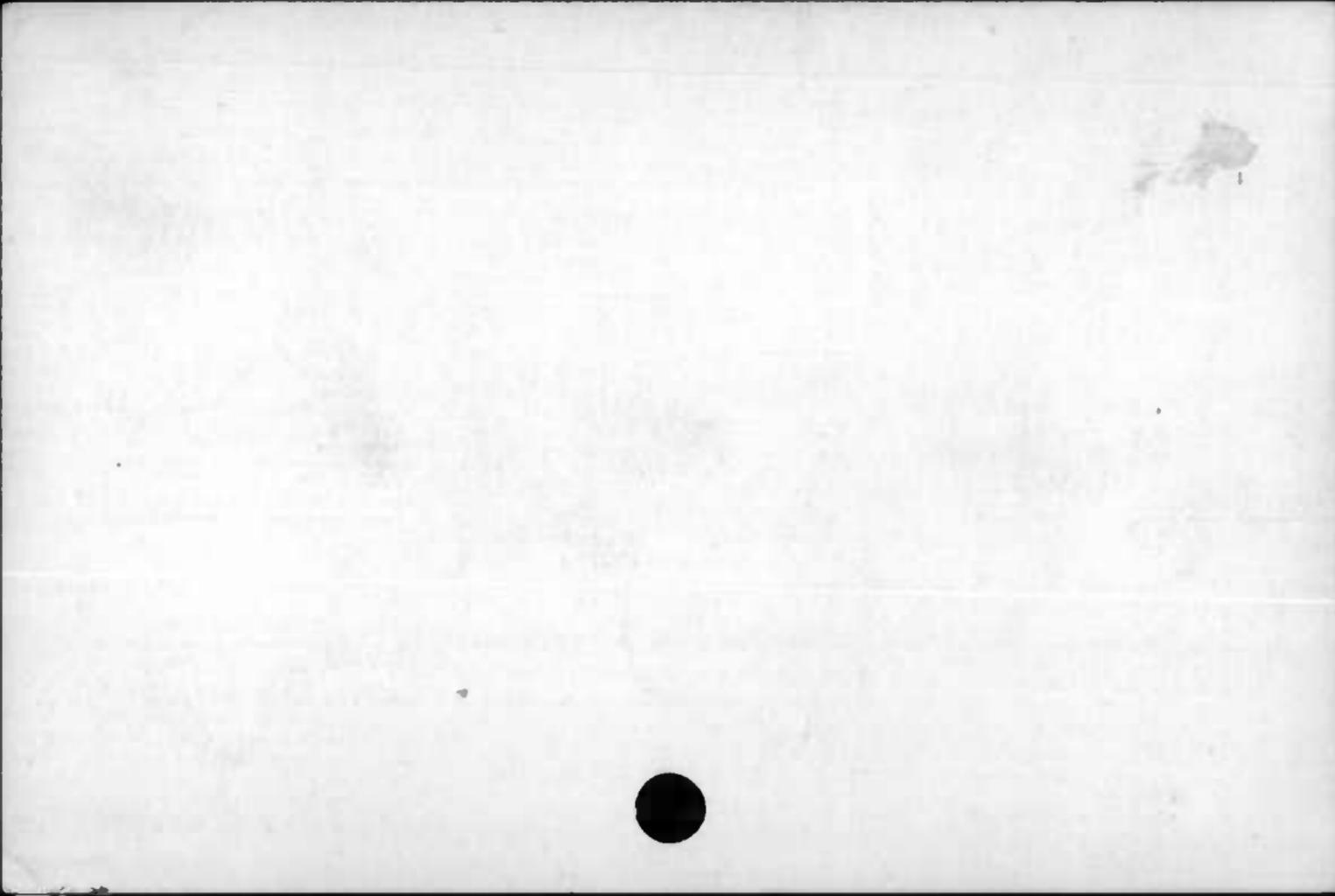
yes

Signature of Physician

Address

J. G. Windsor M.D.
Dances Snorter
Md.

Accident or Suicide?



Name
in
Full

Alice King

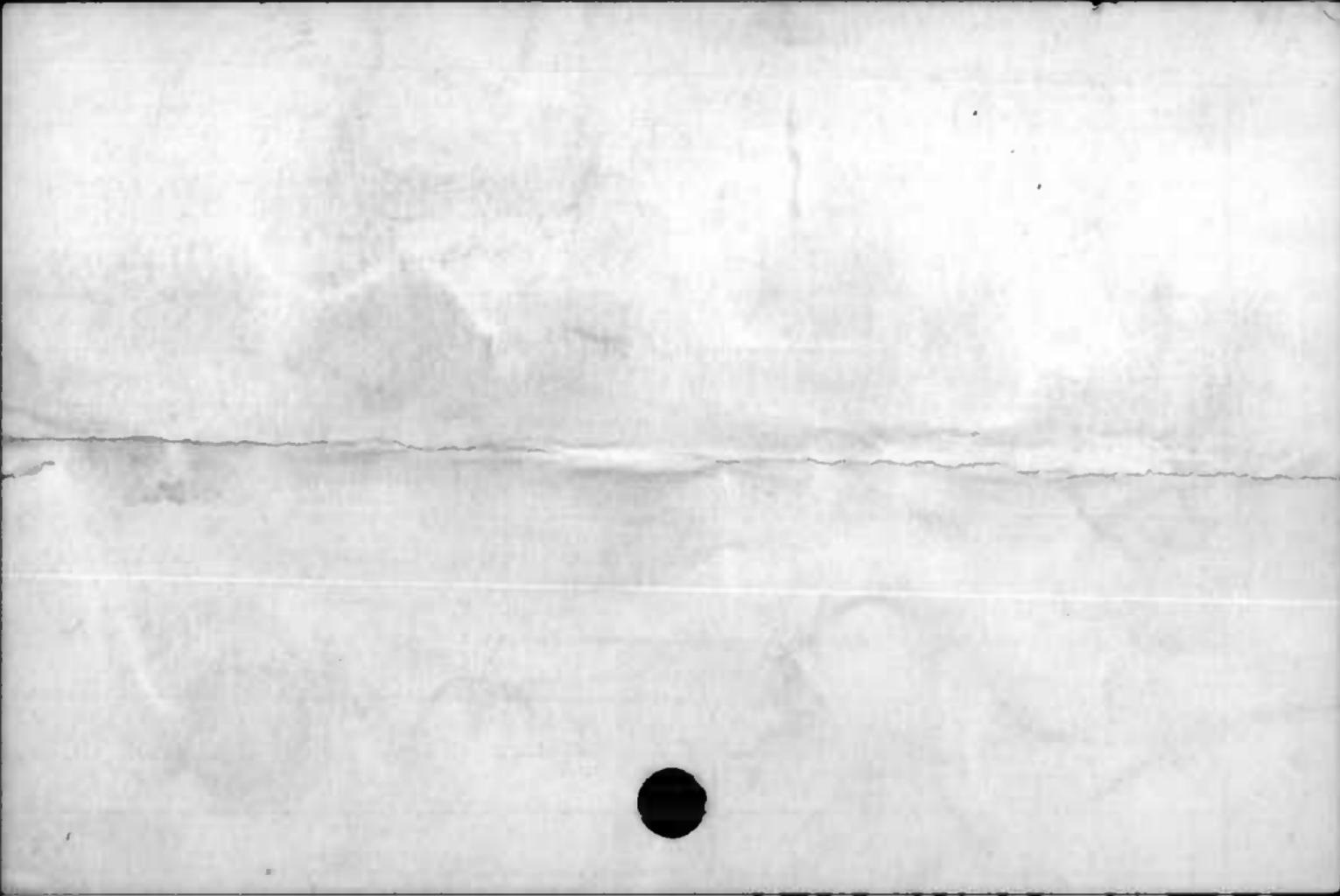
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Mt Vernon</u>		Town	County <u>Sussex</u>		MARYLAND	
Date of death	1907	Month <u>March</u>	Day <u>7</u>	Years <u>4</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>	Father's Name <u>Geo W. King</u>		Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Dora Buckley</u>	Mother's Birthplace <u>Md</u>		How related to deceased <u>Father</u>			
Name of person giving information <u>Geo W. King</u>						

CAUSES OF DEATH

Primary	<u>Nephritis</u>	<u>120</u>	How long <u>1 month</u>	
Immediate	<u>Malaria</u>		How long <u>26 days</u>	
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>Henry M. Lumbard</u>		
Address	<u>Princess Anne</u>			
Accident or Suicide?	<u>No</u>	<u>—</u>		



Emma Elizabeth Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	25	
Occupation	Where Residing If not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Charles Lewis			
Mother's Maiden Name	Carrie Emma Hurley			
Name of person giving information	Carrie Emma Lewis			
	Father's Birthplace Oxford, Penn.			
	Mother's Birthplace Vienna, Md			
	How related to deceased Mother			

CAUSES OF DEATH

(8)

PHYSICIAN
OR CORONER

Primary

Pertussis

How long

2 weeks

Immediate

Broncho-pneumonia

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

yes

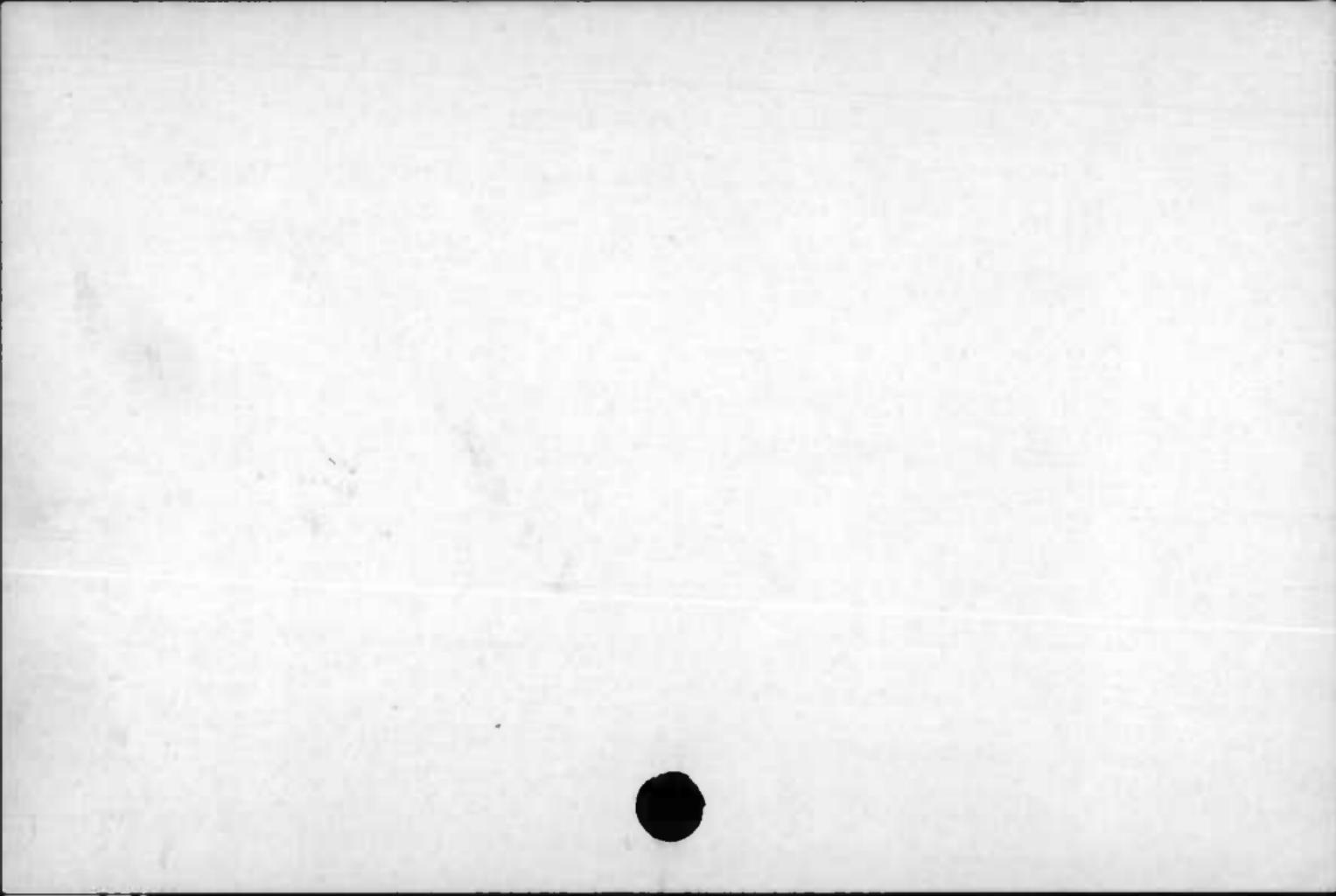
Signature of Physician

R. H. Barnes

Address

Cecile, (Smith Island) Md.

Accident or Suicide?



Name
in
Full

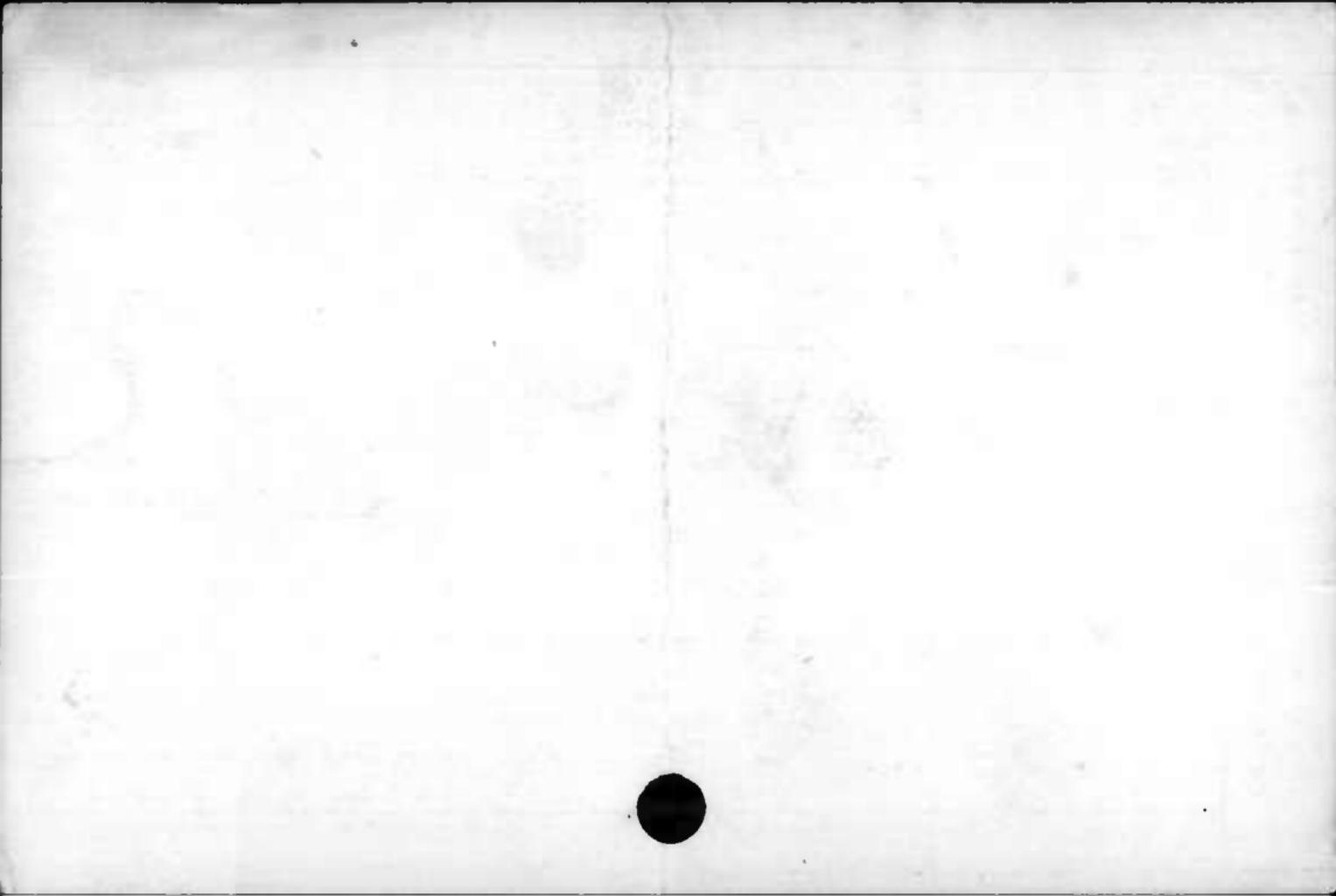
To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full				Wilcom H. Maddy				CERTIFICATE OF DEATH	
Died at Jamestown				County Dinwiddie				MARYLAND	
Date of death	1907	Month March	Day 4	Age 73	Years	Months	Days		
Sex	male	Color or Race	Black	Birth- place		Jamestown			
Occupation	Oysterman			Where Residing if not at place of death		Jamestown			
Married, Single or Widower	Single			Name of Wife or Husband		Henry Maddy			
Father's Name	John Maddy			Father's Birthplace		Reinhardt			
Mother's Maiden Name	Henry Suther			Mother's Birthplace		Jamestown			
Name of person giving Information	Geo. Hale			How related to deceased		None			

CAUSES OF DEATH

Primary	Paralysis	(66)	How long	One day
Immediate	Paralysis		How long	1
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. B. L. Lee	
		Address	1111 1/2 Main Street Jamestown, Va.	
Accident or Suicide?			Not an accident or suicide	



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1907	Month 3	Day 25	Years Infant	Months	Days
Sex	female	Color or Race	white	Birth- place	Shelbytown	
Occupation	Infant	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace			
Father's Name	William Merritt		S			
Mother's Maiden Name	Mary Riggini		Mother's Birthplace			
Name of person giving Information	William Merritt		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still Born

How long

Immediate

Premature Birth

How long

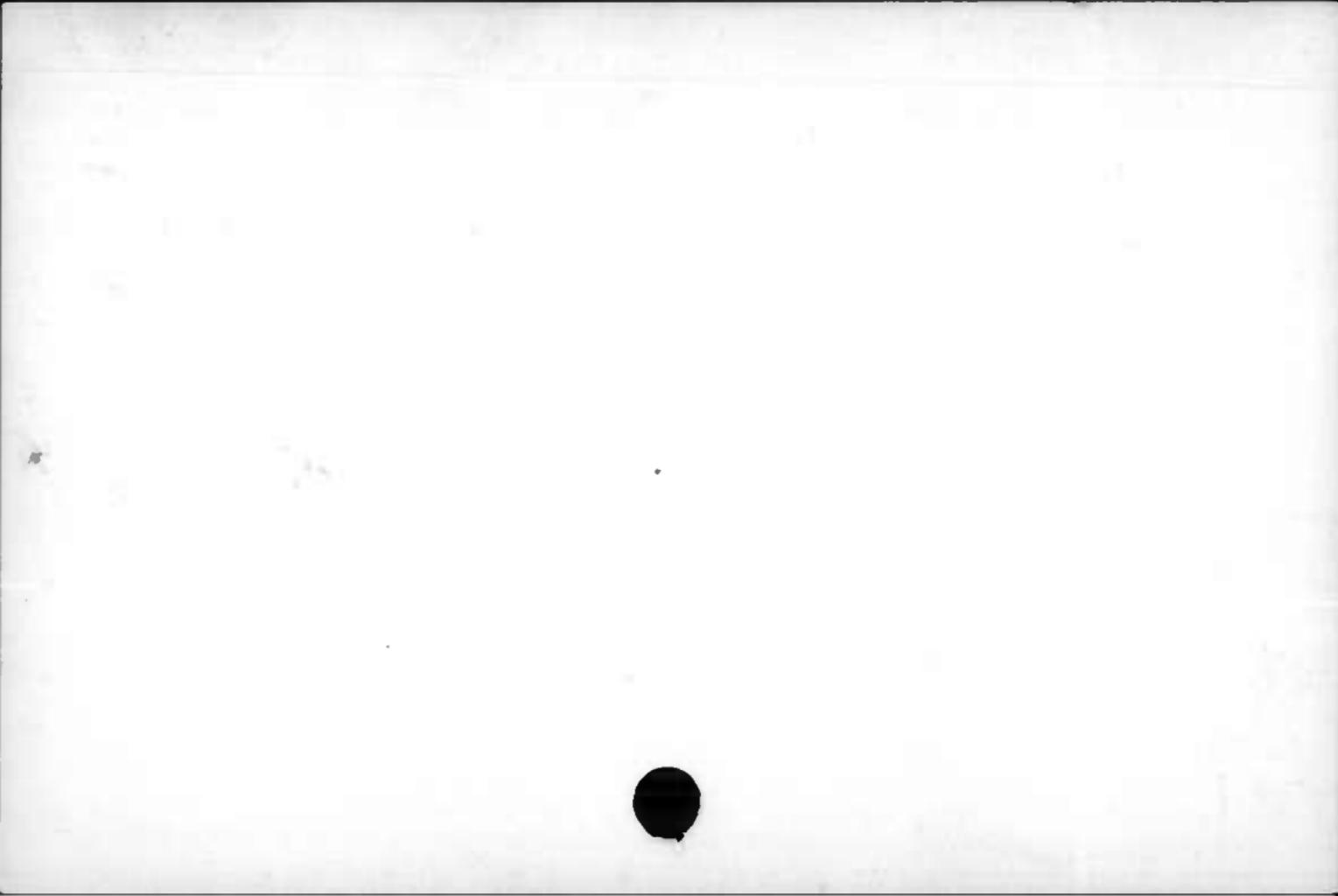
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Samuel J. Lauer
POTOMAC HEIGHTS

Accident or Suicide?



Name
in
Full

Littleton Mills

124

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	74	2	16	
Occupation	Where Residing if not at place of death					
Married, S— or W—	Name of Wife or Husband	At place of death				
Father's Name	Elizabeth Henderson					
Mother's Maiden Name	Somerset Co Md					
Name of person giving information	Somerset Co Md					
	Brother-in-law					

Male White

Farmer

William Mills

Sallie Hall

Henry Henderson

CAUSES OF DEATH

4

PHYSICIAN
OR CORONER

Primary

Malarial Fever & neuralgia

How long 10 days

Immediate

collapse or failure of vital forces

How long about 2 days

Are the name, age, sex, color, date and place correctly given above?

yes

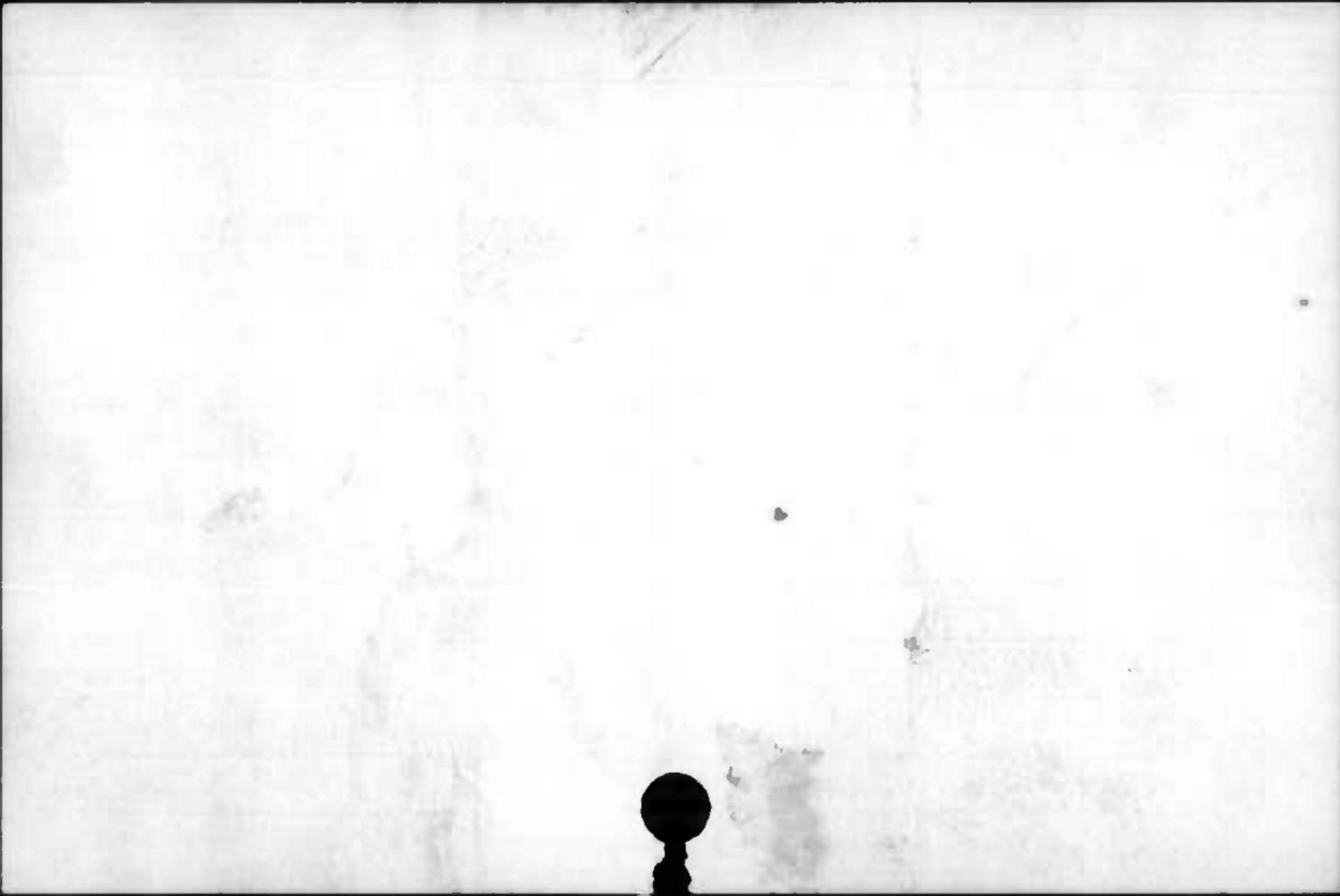
Signature of Physician

Address

Isaac T Boston

Baltimore Md

Accident or Suicide?



Name
in
Full

Ruby Sterling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	10	
Occupation	Shirt Factory		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband	none		
Father's Name	George Washington Sterling			Father's Birthplace	Towson Md
Mother's Maiden Name	Mary Jane Ward			Mother's Birthplace	Towson Md
Name of person giving Information	Rev W. Sterling			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

cardio-^{spinal} menigitis

How long

5 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

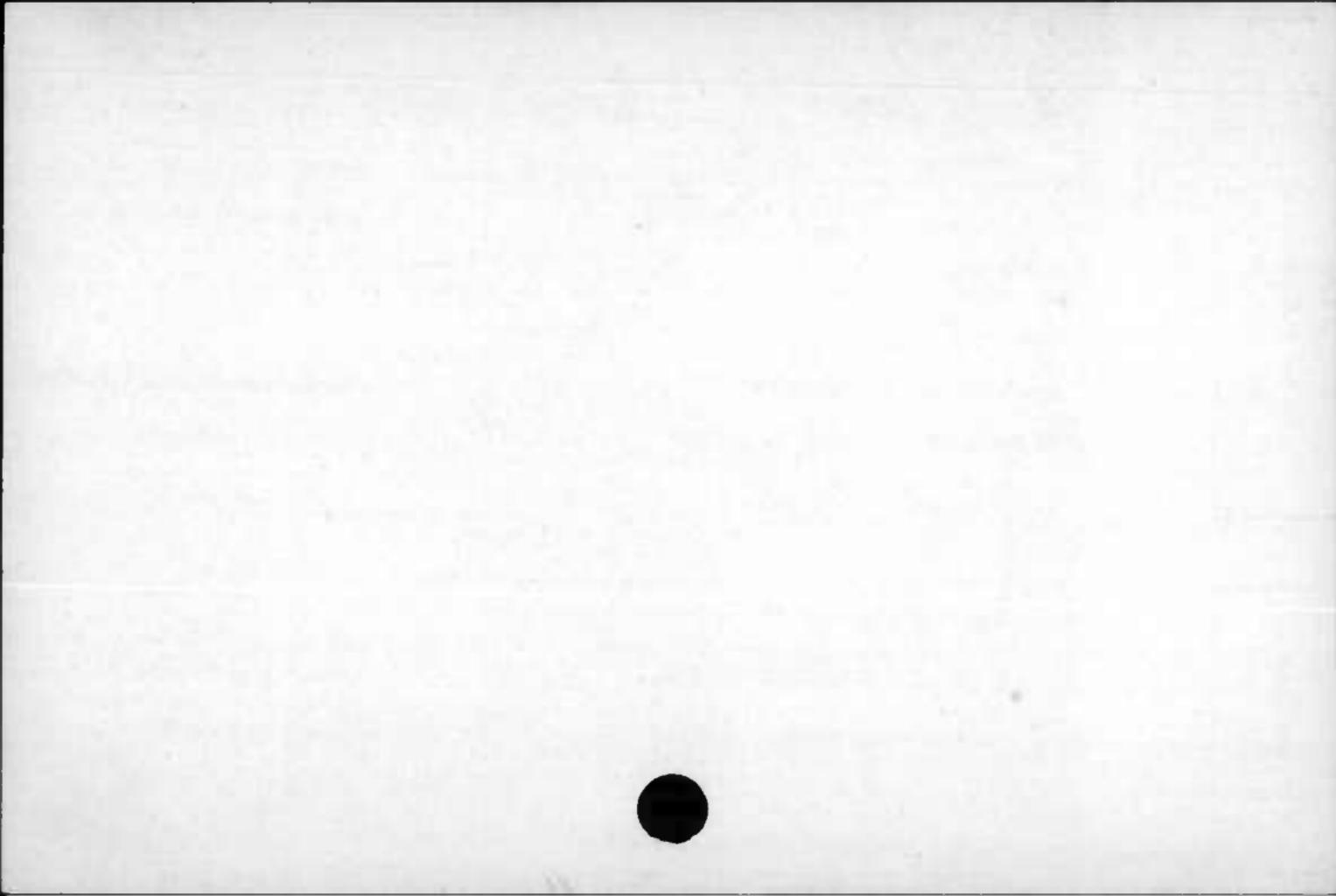
yes

Signature of Physician

Address

W. F. Hall
Prefield Md

Accident or Suicide?



Name
in
Full

Baby Tyler

CERTIFICATE OF DEATH

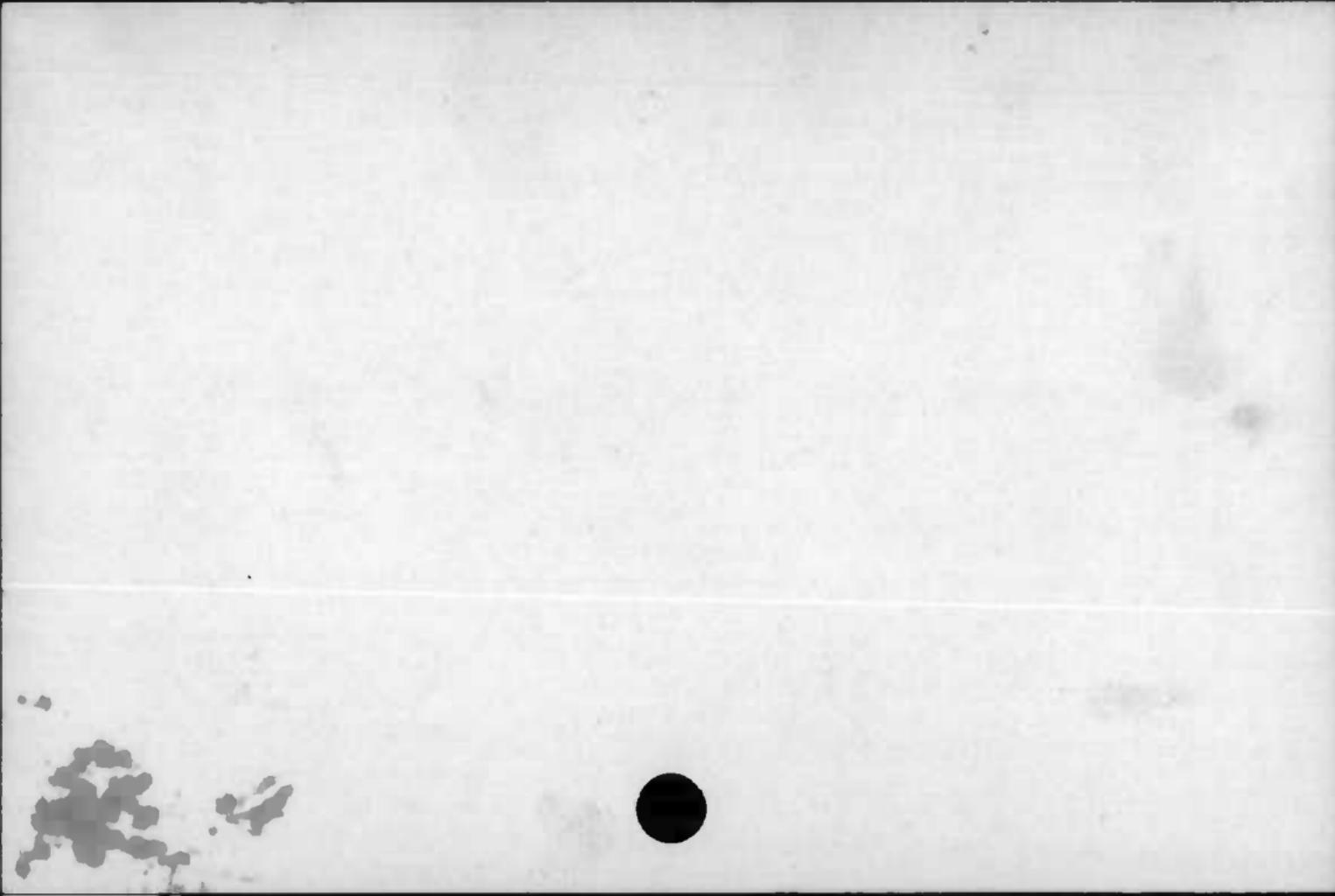
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1907 Nov	Month	Day	Years	Months	Days
Female	Color or Race	white	Lawsonia		
Occupation none	Where Residing if not at place of death			—	
Married, Single or Widowed Single	Name of Wife or Husband	none	Lawsonia and		
Father's Name Will E. Tyler	Father's Birthplace			Lawsonia	
Mother's Maiden Name Minnie Riggins	Mother's Birthplace			Lawsonia	
Name of person giving information Will Tyler	How related to deceased			Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	asthenia	151	How long	20 days
Immediate	asthenia		How long	20 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Wm. G. Bourne	
		Address	Crosfield Me	
Accident or Suicide?	no			



Rachel J. Warren

123
CERTIFICATE OF DEATH

Died at <u>New Pocomoke</u>		Town	County <u>Sussex</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>3</u>	Day <u>19</u>	Years <u>78</u>	Age <u>78</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>			Birth-place <u>Delaware</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Rudall Warren</u>					
Father's Name <u>Mr Christopher</u>	Father's Birthplace <u>Del.</u>					
Mother's Maiden Name <u>Unit Run</u>	Mother's Birthplace <u>-</u>					
Name of person giving information <u>Geo. P. Warren</u>	How related to deceased <u>Son</u>					

CAUSES OF DEATH

4

How long

5 mon.

How long

Primary

Fluor Marial

Immediate

Bright's Disease General syndrome 2 or 3 weeks

Are the name, age, sex, color, date and place correctly given above?

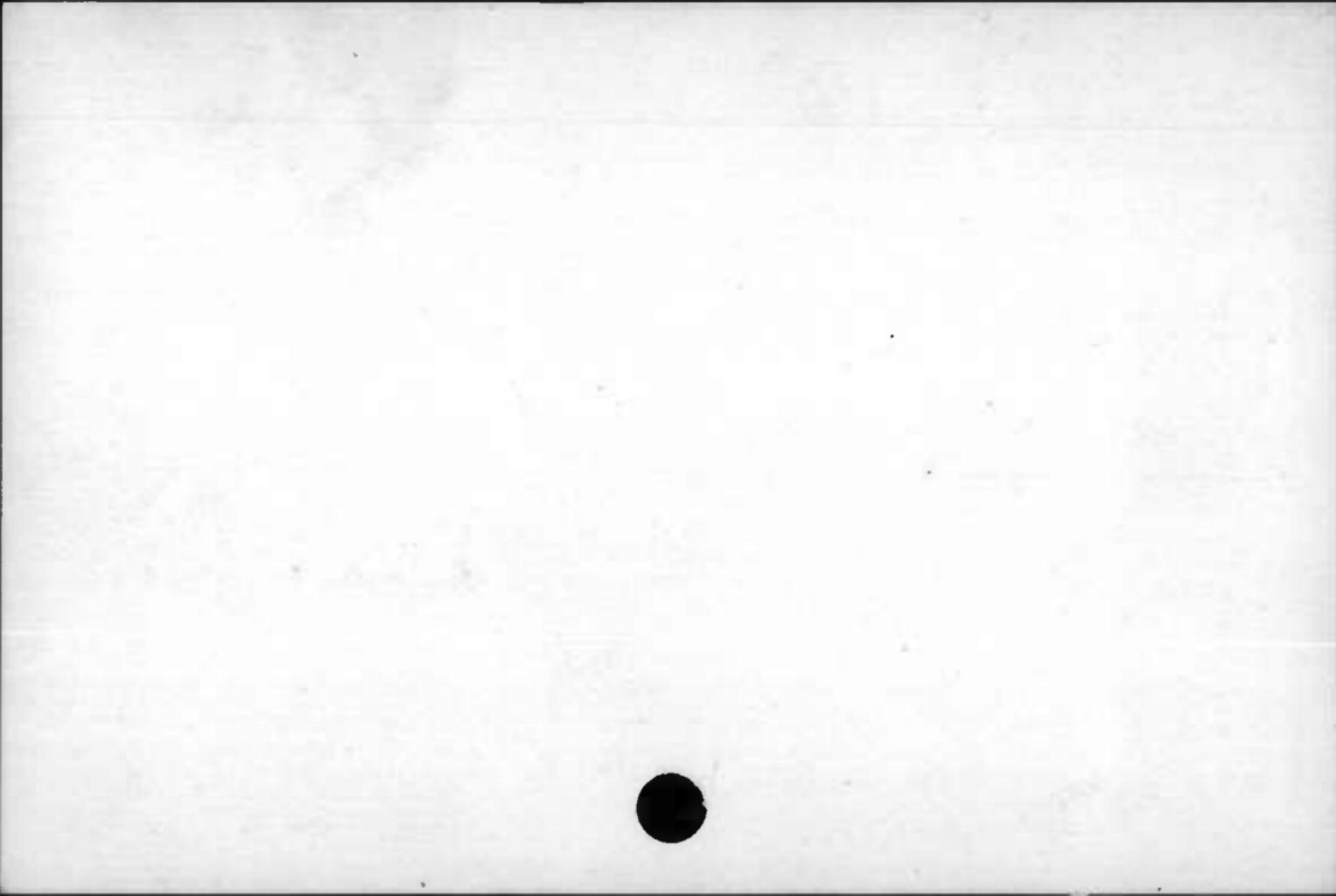
Signature of Physician

H. W. Willis

Address

Dover, Dela. City, Del.

Accident or Suicide?



Name
in
Full

Flora H. White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County			MARYLAND		
Date of death	Month	Day	Years	Months	Days		
Sex	Color or Race	Birth place					
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Father's Birthplace						
Mother's Maiden Name	Mother's Birthplace						
Name of person giving information	How related to deceased						

CAUSES OF DEATH

79

Primary Respiratory degeneration

How long 6 mos

How long —

PHYSICIAN
OR CORONER

Immediate

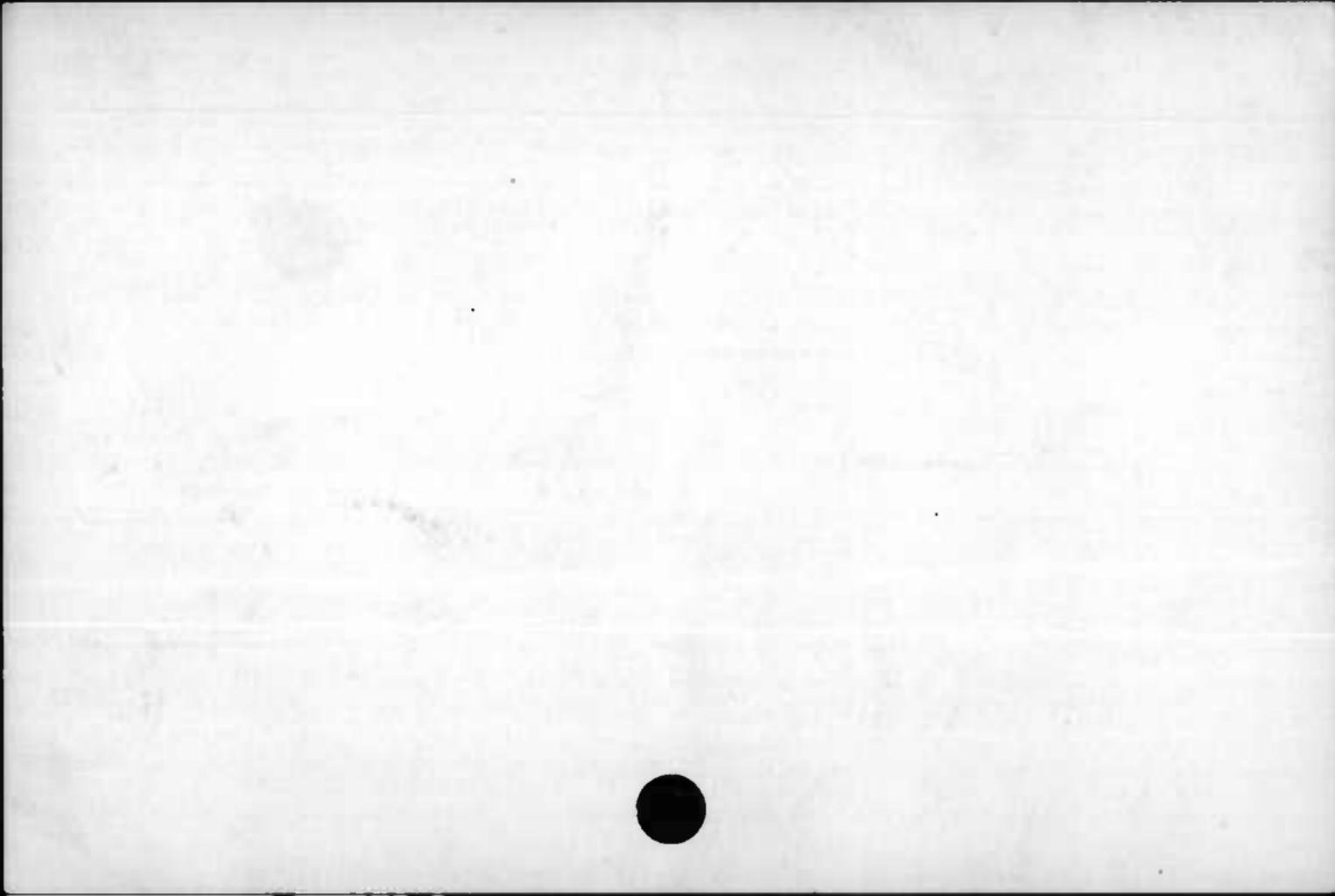
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

S. J. Windsor, Md
James Martin,
Somerset Co., Md

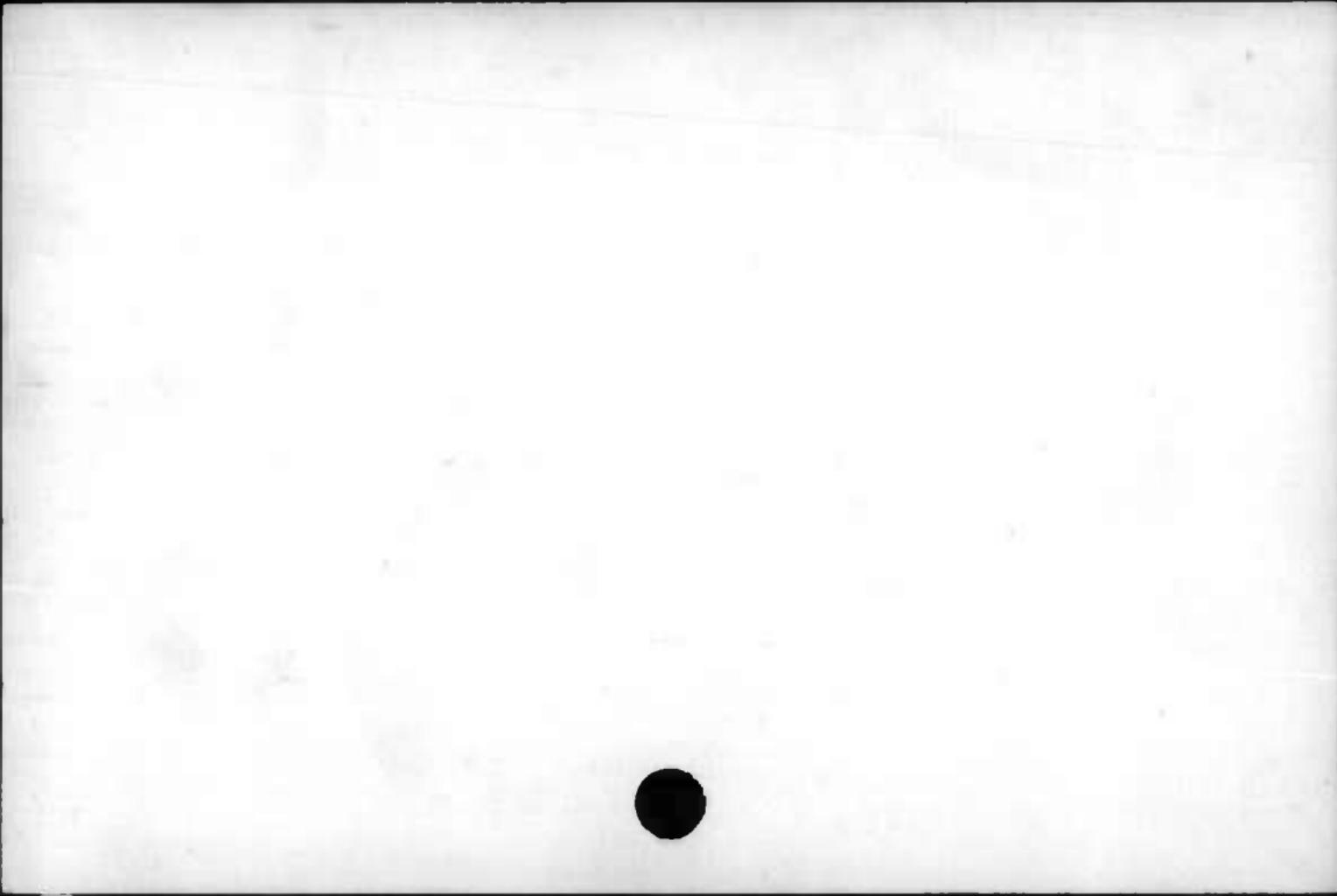


Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

<i>Mary Elizabeth Windsor</i>					CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND		
Date of death	1907 March 14	Month Day	Years 19	Age	Months	Days	
Sex	Female	Color or Race	white	Birth-place	Baltimore		
Occupation	School teacher		Where Residing if not at place of death	Place of death			
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Geo. W. Windsor		Father's Birthplace	Deal Island			
Mother's Maiden Name	Sarah B. Webster		Mother's Birthplace	Deal Island			
Name of person giving Information	Indiana F. White		How related to deceased	Daughter			
CAUSES OF DEATH							
Primary	Intussusception, Hepatopathy.		How long	4 days			
Immediate	Peritoneal hemorrhage -		How long	48 hrs. after the operation			
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician				
			Address	<i>P.G. Alexander, Somerset Co.</i>			
Accident or Suicide?							



Name
in
Full

Gabriel Wright

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	53		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Lowie Wright			
Father's Name	Edward Wright				
Mother's Maiden Name	Lowie Helson				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

40

How long

How long

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

